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## Work in Progress

**Strengthening Resilience in  
A Risky World: It's all  
About Relationships**

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an Baker Miller Training Institute  
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# Strengthening Resilience in a Risky World: It's All About Relationships

Linda M. Hartling, Ph.D.

## About the Author

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## Abstract

Building on Judith Jordan's earlier work (WP #57), this paper challenges the commonly held view that resilience is a unique form of individual "toughness" endowed to a lucky few and suggests that resilience can be strengthened in all people through participation in growth-fostering relationships. The author reviews the research describing individual, internal characteristics associated with resilience and explores the relational aspects of these characteristics. A case example illustrates that efforts promoting relational development help people grow through and beyond experiences of hardship and adversity. In addition, the author proposes specific ways resilience can be strengthened through engagement in relationships that enhance one's intellectual development, sense of worth, sense of competence, sense of empowerment, and, most importantly, sense of connection.

## Introduction

In 1992 when Judith Jordan wrote about relational resilience as a "life-giving empathic bridge," she offered a profound reframing of the source of human ability to overcome adversities, hardships, and trauma. She challenged us to move beyond a highly circumscribed focus on individual, internal traits to a broader and deeper examination of the relational dynamics that promote growth in the face of hardship. According to Jordan:

...we can no longer look only at factors within the individual which facilitate adjustment; we must examine the relational dynamics that encourage the capacity for connection. (p. 1)

Few studies have delineated the complex factors involved in those relationships which not only protect us from stress but promote positive and creative growth. (p. 3)

Rather than perpetuating the common notion of resilience as some form of intrinsic toughness endowed to a few unique or heroic individuals, Jordan opened the way to understanding resilience as a human capacity that can be developed and strengthened in all people through relationships, specifically through growth-fostering relationships.

Today, Jordan's reconceptualization of resilience leads us to a profoundly valuable source of hope and courage as we face accumulating evidence that we are living in a riskier world (e.g., terrorist threats, global economic instability and injustice, civil unrest, extreme global climate changes, violent international conflict, widespread destruction of natural resources, corporate corruption, and world-wide epidemics, as well as intractable hunger and poverty). Just as more researchers are becoming more keenly aware of how trauma, hardships, and adversities can derail the lives of children and adults (Banks, 2000; Bremmer, 2002),

more individuals, families, and communities are facing forms of threat that were once unthinkable. Today, growing numbers of people have palpable fears about a repeat of the 9/11 tragedy; random rampage shootings; possible nuclear/biological/chemical weapons attacks; suicide bombings around the world; outbreaks of intractable, incurable diseases; etc. Given these developments, people cannot afford to wager that they are blessed with superior fortitude (individual resilience). Rather, all of us can find ways to strengthen our resilience *now* by developing our capacity to build healthy connections with others, our families, and our communities, that is, by developing our relational resilience (Jordan, 1992).

Based on a review of the research, this paper will explore the popular construction of resilience as an individual commodity and propose an alternate view: resilience as a relational activity. It will describe and examine the individual characteristics that are commonly associated with resilience and offer a relational understanding of these characteristics. Furthermore, it will begin to identify specific ways to strengthen resilience through relationships. Although this discussion is framed within the context of therapy, readers are encouraged to extend their thinking beyond confines of clinical practice. Because, as this paper proposes, in or out of therapy, *resilience is all about relationships*.

You are invited to begin this discussion with a brief activity to tap into your own experience of resilience. Please take a moment to respond to the following questions:

1. Reflect on a time when you felt someone contributed to your ability to be resilient after experiencing a loss, hardship, disappointment, or difficulty. What types of things did that person do that made the difference?
2. Reflect on a time when you felt like you contributed to someone else's ability to be resilient after experiencing a loss, hardship, disappointment, or difficulty. What types of things did you do that you think made the difference?

Please keep your reflection in mind as we continue our discussion by examining the research on resilience.

## **From Individual Strengths to Strengthening Relationships**

The literature primarily defines resilience in two different ways. First, resilience is described as the

ability to achieve good outcomes in one's life after experiencing significant hardships or adversities, such as poverty, family discord, divorce, lack of access to educational opportunities, racism, etc. Within this definition, a "good outcome" for some individuals would be the absence of deviant and anti-social behavior. Another common definition suggests that resilience is the ability to recover from traumatic experiences, such as physical or sexual abuse, assault, severe neglect, and many other forms of trauma. These definitions tend to generate the notion of resilience as something located within the individual, some type of special individual competence or strength. From this perspective, the interest in individual characteristics and strengths move to the foreground.

The tendency to focus on individual strengths in the study of resilience is reinforced by traditional Western-European theories of psychological development that have historically emphasized individual development and experience. Most of these theories hold the underlying assumption that the goal of healthy development is to separate from relationships in order to become an independent, self-sufficient, i.e., strong adult (Jordan, 1992; Cushman, 1995). Consequently, these theories of development tend to lead researchers and clinicians to spotlight the experience of the *self*, the individual, while relational experience is relegated to the background and is all too often ignored. Within a scientific tradition that places relational experience on the periphery, researchers become absorbed in efforts to identify and describe characteristics located within the individual. With regard to resilience, much research focuses on identifying "special strengths," such as intelligence, good-natured temperament, higher self-esteem, internal locus of control, mastery, etc. This approach to the study of resilience promotes the belief that the lucky few, *those endowed with these special strengths*, will succeed, will be resilient, and will become independent and self-sufficient despite encounters with significant obstacles. The rest of us may be out of luck. But something is missing from this picture. How do people develop the strengths associated with resilience? Certainly, these strengths are not entirely inherent. Certainly, these strengths are not developed in isolation.

The Relational-Cultural Theory (RCT) of psychological development offers a new foundation for understanding the research on resilience. RCT proposes that healthy development involves the formation and elaboration of growth-fostering relationships throughout one's life. RCT moves us

beyond a myopic emphasis on individual development and individual strengths and encourages the study of *relational development* and *relational strengths*. RCT would propose that relationships are a primary source of one's ability to be resilient in the face of personal and social hardships or trauma. Furthermore, relationships are a primary source of experiences that strengthen the individual characteristics commonly associated with resilience. In many ways, process of effective psychotherapy is an example of how resilience is strengthened through relationship.

An RCT approach to understanding resilience includes understanding the complexities of how people establish, engage in, and sustain growth-fostering (or resilience-strengthening) relationships throughout their lives. In particular, RCT suggests that all relationships are constructed within, and are highly defined by, the social and cultural contexts in which they exist. A cultural context can facilitate or obstruct one's opportunities to participate in relationships necessary for strengthening one's ability to be resilient. For example, as Maureen Walker (2000) explains, cultural contexts in which stratification of difference is enforced by dominant-subordinate systems of power undermine opportunities to engage in growth-fostering relationships. Being a member of a subordinate or marginalized group increases the risk that one's relationships will be chronically or acutely disrupted by adversities, such as poverty, lack of educational opportunities, institutionalized discrimination, insufficient health care, etc. Furthermore, (so-called) objective observers, such as researchers, are not immune to the influences of dominant-subordinate power arrangements in a society. Jean Baker Miller (1976) observed that, "...the close study of an oppressed group reveals that a dominant group inevitably describes the subordinate group falsely in terms derived from its own systems of thought" (p. xix). Thus, researchers may conduct studies that implicitly privilege the individual characteristics of dominant group as the norm or ideal, while missing other important factors. For instance, in a cultural context in which the dominant group values individual achievement and independence, relational factors may be disregarded or dismissed (Fletcher, 1999). The following example illustrates this point.

In the 1970s, Kobasa (1979; Kobasa & Puccetti, 1983) identified an individual, internal characteristic associated with resilience to stress called "hardiness." A "hardy" individual, according to Kobasa (1979), exhibits three characteristics:

- 1) Commitment: being able to easily commit to what one is doing;
- 2) Control: a general belief that events are within one's control; and
- 3) Challenge: perceiving change as a challenge rather than a threat.

The concept of hardiness was well received in academic and clinical communities, and over the years hardiness has been used as a standard of stress resilience applied across diverse populations of men, women, and children. Yet, today we are aware of the limitations of this initial research. Kobasa's work was based on the study of a narrowly defined group, specifically white male middle- to upper-level business executives. While the individual characteristics of commitment, control, and challenge (i.e., hardiness) appeared to be useful for describing stress resilience of the subjects in the initial research, unfortunately the conclusions derived from this research triggered "faulty generalizations" imposed on other populations (Minnich, 1990). The individual characteristic of hardiness may not be an accurate measure of the experience of women and others not represented in the study. Furthermore, today we are conscious of the social/cultural context in which this research was conducted. In the 1970s business executives were the beneficiaries of invisible systems of relational support comprised of secretaries, wives, mothers, and undervalued service providers (experts in providing relational support) who likely made it possible for these privileged professionals to be "hardy."

If the hardiness researchers had investigated a diverse population, they might have identified many other characteristics associated with stress resilience. For example, Elizabeth Sparks (1999) explored the resilience of African American mothers on welfare and described the relational practices these women used to survive tremendous hardships. These mothers engaged in connection, collaboration, and community action to overcome the destructive impact of poverty, racism, and social stigmatization. While traditional theories of development have led many researchers—although not all researchers—to emphasize the study of individual traits associated with resilience, RCT suggests that researchers can enlarge, deepen, and enrich their understanding of resilience by examining the relational-cultural factors that contribute to one's ability to be resilient. Taking an RCT perspective might ultimately lead to defining resilience as *the ability to connect, reconnect, and resist disconnection in*

*response to hardships, adversities, trauma, and alienating social/cultural practices.* This definition opens the way to new possibilities for strengthening resilience in the lives of individuals, families, and communities. It moves us beyond hoping that people will have the "right stuff," that is, the individual strengths to be resilient in a risky world—to identifying practices that strengthen the relationships that foster resilience in our risky world.

### **Relationally Rethinking Individual Resilience**

Taking a relational-cultural view of resilience offers us the opportunity to reexamine and rethink the meaning of the existing research on resilience. In the following section, we will briefly review a sample of the research describing individual characteristics commonly associated with resilience, including temperament, intellectual development, self-esteem, internal locus of control, mastery, and social support, and explore the relational aspects of these characteristics. Our discussion will conclude with a case example and recommendations for strengthening resilience.

#### **A Relationally Tempered Temperament**

For many years researchers have explored the internal, relatively stable, individual trait of temperament and its association with a child's ability to be resilient (Rutter, 1978; Werner & Smith, 1982). In their groundbreaking, 40-year study of 698 multi- and mixed-racial children living in adverse conditions on the Hawaiian Island of Kauai, Emma Werner and her colleagues (1982) found that boys described as "good-natured" and girls described as "cuddly" were more resilient than other children. While some researchers might focus their investigations on describing the temperament of resilient children, an RCT perspective would suggest that researchers should examine the relational implications of temperament. Michael Rutter (1989) did just that. He found that children with difficult temperaments were twice as likely to be the targets of parental criticism. His research suggests that a child's temperament either protects or puts a child at risk because of its positive or negative impact on the *parent-child relationship*. In other words, a child's temperament affects the child's and the parent's ability to engage in relationships, i.e., temperament tempers relationships.

Based on Rutter and Werner's observations, one might conclude that good-natured boys and perhaps cuddly girls would be the most resilient children and

children with difficult temperaments would be the least resilient. However, RCT encourages us to take a broader view and examine how the social/cultural context interacts with a child's temperament and his or her relational opportunities. One study of East African Masai children living in severe drought conditions found that the children with more difficult temperaments were more likely to survive (de Vries, 1984). Noting that Masai culture values assertiveness, the researchers theorized that the difficult (assertive) children were more able to access the relational resources they needed to survive severe hardships. This one example illustrates how differences in temperament influence one's relational opportunities within a specific social/cultural context. Moving beyond efforts to precisely describe the temperaments of resilient and nonresilient children, an RCT perspective would suggest that researchers could do more to describe *in depth and in detail* the optimal relational practices and cultural conditions that promote resilience in children with disparate temperaments. This would help clinicians identify the most helpful relational skills needed in the parent-child relationship to strengthen the resilience of the child *and the parent*.

#### **Connecting Intellectual and Relational Development**

The literature and research on resilience clearly indicate that individuals with greater intelligence are more resilient, yet the reason for this advantage is not clear. Ann Masten and her colleagues (Masten, 1994, 2001; Masten, Best, & Garmezy, 1990) propose a number of explanations. It could be that individuals with greater intelligence are more able to discern danger and find escape routes, may have educational advantages when compared to others, or may have more capable parents. Exploring a relational view of intellectual development, Daniel Siegle (1999) emphasizes that interpersonal relationships are the central source of experience that influence the brain's development. Neural pathways in the brain are activated by experiential opportunities provided to children through relational engagement, which results in "strengthening existing connections or creating new connections" (*Ibid.*, p. 13). Siegle observes that "Interpersonal experience thus plays a special organizing role in determining the development of brain structure early in life and the ongoing emergence of brain function throughout the life-span" (*Ibid.*, p. 24). Hence, "human connections create neuronal connections" (*Ibid.*, p. 85).

Siegle emphasizes that relationships play a key

role in optimizing an individual's intelligence and consequently their ability to be resilient. For therapists, efforts to strengthen a client's resilience could involve proactively encouraging the client's participation in relationships that provide experiences that increase intellectual opportunities and stimulation. While this may be an obvious endeavor for therapists working with children or adolescents, therapists working with adults and seniors may find this way of strengthening resilience highly beneficial for reducing the diminished cognitive functions often associated with aging (Crose, 1997).

### From Self-Esteem to Sense of Worth

Self-esteem is probably the most commonly known and widely accepted internal personality trait associated with resilience (Dumont & Provost, 1999). Nevertheless, scholars of RCT draw into question the conceptualization of this characteristic. Judith Jordan (1994) observed that Western-European society has tended to describe self-esteem based on the cultural values of individual achievement and self-sufficiency, as opposed to collaboration and connection. Consequently, a person's self-esteem may depend upon hierarchical comparisons in which one perpetually strives to feel superior to others in one way or another. Developing "healthy" self-esteem within this context becomes a competitive exercise to demonstrate that one's achievements are better than someone else's. Furthermore, those who do not participate in this method of building self-esteem, or those who do not subscribe to the dominant cultural values of self-sufficiency, may be perceived as having lower self-esteem.

Bernadette Gray-Little's (2000) research illustrates this point. For many years black children were thought to have lower self-esteem than white children do. This presumption followed a 1947 study in which black children were asked to choose between two dolls that were identical except one was black and the other white. When the black children chose the white doll, the researchers interpreted this result as a sign of black children's low self-esteem. Gray-Little refuted this conclusion generalized from this study and from similar research by examining over 261 studies of over half-a-million children. Her careful review of the research indicated that black children had at least as high levels of self-esteem as white children, and in some cases their self-esteem was even higher. According to Gray-Little, research like the 1947 study may be indicative of how a racial group is valued in society, but it is not indicative of the level of black children's self-esteem. Additionally, Gray-Little

challenges the view that self-esteem is built on a ladder of individual achievement, noting that, "Self-esteem is determined by our interactions with people significant to us personally" (Fletcher, 2000). Her relational view is supported by other research showing that self-esteem correlates with a child's closeness to his or her mother, and increased closeness is associated with higher self-esteem (Burnett & Demnar, 1996). Others have shown that adolescent self-esteem is positively correlated with involvement with family, community, and one's neighborhood (Dumont & Provost, 1999).

Taking a broader cultural perspective, Yvonne Jenkins (1993) proposes that individualistic conceptualizations of self-esteem may have limited relevance to people of color. Jenkins suggests that a group-centered, relational understanding of esteem is more useful for understanding the esteem of some people of color. She calls this *social esteem*. A person's social esteem is formed through association with a group-related identity that values "interdependence, affiliation, and collaterality" (p. 55). Jenkins observes that, "for collective societies, group esteem is practically synonymous with the Anglo-centric conceptualizations of self-esteem" (p. 55). For populations in which the unit of operation is the family, the group, or the collective society, social esteem may be an essential part of healthy psychosocial development and part of one's ability to cope with adversity.

Jean Baker Miller (1986) offers another alternative to what is known as self-esteem. She suggests that it may be more useful to think of this concept in terms of "sense of worth." Sense of worth grows through engagement in relationships in which people feel known and valued—relationships in which the other person "conveys attention to, and recognition of, our experience" (p. 6). Miller (1991) believes that the concept of a "self" as it has been formulated in Western culture reinforces a sense of psychological separation from others (p. 25). Perhaps the separate-self connotation embedded in the popular notion of self-esteem inspires efforts to build esteem by elevating oneself over or by diminishing others, which can become an insatiable pursuit. Rather than something one earns at the expense of others, Jean Baker Miller's notion of sense of worth is an outcome of participating in growth-fostering relationships, which benefits all who participate in the relationship. Furthermore, a relationally-based sense of worth, knowing that one matters to someone else, as opposed to an achievement-based sense of self-esteem, may be another essential reservoir of energy strengthening one's ability to be resilient. Clearly this is

demonstrated in effective and healing therapy relationships.

### From Internal Control to Mutual Empowerment

A number of researchers have identified internal locus of control (ILOC) as another individual characteristic associated with resilience (Masten, Best, & Garmezy, 1990; Werner & Smith, 1982). According to a textbook definition by Roediger and his colleagues (1991).

Children who take responsibility for their own successes and failures are said to have an internal locus of control. (p. 352)

This definition focuses on one's individual responsibility in response to individual experience, but it does not account for the impact of racism, sexism, heterosexism, or other forms of discrimination that can influence one's ability to take responsibility for successes or failures. For instance, it may be easier to establish an internal sense of control when one is a member of a social group in society that is viewed as the norm or ideal, i.e., the dominant group (Miller, 1976). Members of dominant groups are recipients of unearned advantages that facilitate their successes and mitigate their failures (McIntosh, 1989). As a result, it may be easier for these individuals to develop an internal sense of control, easier for them to take responsibility, because they are living in a society that encourages their success and cushions their failures. Furthermore, persuading subordinate groups that they should have a greater internal locus of control—i.e., they *should* feel responsible for their lack of success as well as their failures—may work to the advantage of the dominant group. Encouraging subordinates to attribute their lack of success and failures to some form of internal deficiency, e.g., lack of ILOC, distracts them from questioning external practices that impede their success and encourage their failure.

A recent study exploring the stress resilience of white and black children helps us rethink our understanding of ILOC (Magnus, Cowen, Wyman, Fagen, & Work, 1999). This study compared stress resilient (SR) white and black children with stress affected (SA) white and black children. As expected, the study showed that SR white children had a greater sense of internal locus of control than the SA white children, however, no significant difference in ILOC was found between the SR and the SA black children. These results led the researchers to theorize that black families may de-emphasize ILOC because it encourages a false belief that one can or should be able to control pervasive, socially constructed adversities

such as racism and other forms of discrimination.

Rather than using the language of internal or external control, RCT describes the relational phenomenon of mutual empowerment, which is a two-way dynamic process that grows out of participation in responsive, mutually empathic relationships (Miller & Stiver, 1997). Mutual empowerment is a sense that both (or all) people in the relationship have the ability to influence their experience and the relationship, and are able to take action on behalf of themselves and others. Using the construct of mutual empowerment rather than internal, individual control, researchers could explore whether or not people are more resilient when they are engaged in responsive relationships where they feel they have the capacity to influence their experience. RCT would suggest, and clinical practice supports, that mutual empowerment is an essential healing ingredient in the therapy relationship, which makes it possible for clients to overcome hardships, turmoil, and adversities (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991; Miller, 1988; Miller 2002).

### From Mastery to Competence Through Connection

The literature on resilience often uses the term "mastery" to refer to the instrumental behavior one develops to conquer a challenging situation or task (Masten, Best, Garmezy, 1991). RCT scholar Judith Jordan (1999) questions the use of this term because of the tacit connotation associated with the word "master." Jordan explains that "'to master' is to reduce to subjection, to get the better of, to break, to tame" (p. 1-2). Consequently:

...mastery implicit in most models of competence creates enormous conflict for many people, especially women and other marginalized groups, people who have not traditionally been "the masters." (Ibid., p. 2)

Jordan goes on to propose that "competence" may be a more useful, less contaminated term for describing the development of skills that contribute to one's ability to be resilient. Moreover, Jordan notes that competence is not developed in isolation; competence grows through connection. It evolves through engagement in relationships that support, encourage, and inspire our efforts to overcome challenges and hardships.

Many relationships can contribute to the development of competence, e.g., relationships with parents, family members, teachers, mentors, peers, supervisors, employers, etc. For example, according to

Ann Masten and her colleagues (1990), parents can strengthen their children's sense of competence by:

1. Being a model of effective action for their children.
2. Providing their children with opportunities to experience competence, and
3. Verbally affirming the competence of their children, by affirming their children's ability to develop new skills and utilize these skills effectively.

Therapists play a key role in encouraging and affirming the competence of their clients. Often those who enter therapy have lost their sense of efficacy as well as their confidence in themselves and their relationships. Within a mutually empathic, growth-fostering relational environment, clients can rebuild and reclaim their sense of competence to address the challenges they must face in their lives.

#### From Social Support to Authentic Connection

Social support has been well documented as a factor that contributes to one's ability to be resilient (Atkins, Kaplan, & Toshima, 1991; Belle, 1987; Ganellen & Blaney, 1984; Ornish, 1997). Of all the constructs discussed thus far, social support is obviously the most relational. However, from the perspective of RCT, social support has significant limitations. Social support is most often described in the research as a *one-way, unidirectional* form of relating, or something that one gets from others (Fiore, Becker, & Coppel, 1983). In addition, researchers know that some experiences of social support can have negative consequences (Belle, 1982).

In contrast to the one-way notion of social support, RCT emphasizes the *two-way, bi-directional* nature of relationships, that is, the two-way, growth-promoting quality of relating known as *connection* (Jordan, 1992). Connection is cultivated in relationships through the practice of mutual empathy, relational responsiveness, mutual empowerment, authenticity, and movement toward mutuality. (Jordan, 1986). The two-way nature of growth-promoting connection has been a central premise of RCT throughout its 25-year development, and recently more researchers have begun to note the importance of understanding connection and the bi-directional nature of relationships that foster resilience (Blum, McNeely, & Rinehart 2002; Masten, 2001; Masten, Hubbard, Gest, Tellegen, Garmezy, & Ramirez, 1999; Resnick et al., 1997).

Renée Spencer's review of the research describes the evidence indicating that children who have at least

one supportive relationship (connection) with an adult can achieve good outcomes despite severe hardships. These hardships include parental mental illness (Rutter, 1979), separation from a parent (Rutter, 1971), marital discord (Rutter, 1971), divorcing parents (Wallerstein & Kelly, 1980), poverty (Garmezy, 1991), maltreatment (Cicchetti, 1989), and multifaceted or a combination of risk factors (Seifer et al., 1996).

Michael Resnick's (1997) large-scale study of 12,000 adolescents found that *a sense of connection* (e.g., to parents, family members, or other adults) reduces the risk that a child will experience substance abuse, violence, depression, suicidal behavior, and early sexual activity regardless of race, ethnicity, socioeconomic status, or family structure. This challenges the traditional view that healthy adolescents need to separate from the important relationships in their lives. In fact, severing "apron strings" may be putting children at greater risk for developing psychological or behavioral problems. The turmoil often associated with adolescence may not be a signal for separation, (a.k.a. independence), but a signal to parents and adults to find better ways to stay connected to their children as they grow and change.

Connection appears to be particularly important for children in school. Robert Blum and his colleagues (2002) surveyed over 90,000 adolescents from 80 different communities during one academic year and found that students who felt connected in school were less likely to use cigarettes, alcohol, or drugs; less likely to engage in early sexual activity, violence, or become pregnant; and less likely to experience emotional distress. The researchers observed that, "when students feel they are a part of school, say they are treated fairly by teachers, and feel close to people at school, they are healthier and are more likely to succeed" (p. 2). Sadly, the data also showed that 31 percent of students do not feel connected at school.

A sense of connection is also essential for adults. In his national analysis of social connectedness, Harvard Professor Robert Putnam (2000) concluded that studies "...have established beyond reasonable doubt that social connectedness is one of the most powerful determinants of our well being" (p. 326). In fact, according to Putnam, "...happiness is best predicted by the breadth and depth of one's social connections" (p. 332). In another example of research, Berkman and Syme (1979) found that men and women who were married, who had contact with close friends and relatives, or who had informal or formal group associations had "lower mortality rates than respondents lacking such connections" (p. 188).

Connection may be especially important for

promoting women's resilience. Research by Taylor and her colleagues (2000) proposes that women utilize a *tend-and-befriend* response to stress rather than a flight-or-fight response. These researchers believe the fight/flight response is inhibited in women by neurobiological processes that mitigate their feelings of fear, diminish their sympathetic nervous system activity, and stimulate their care-taking and affiliative behavior. In response to threat, women may engage in care-giving activities or affiliative activities to protect themselves and the important people in their lives (e.g., children). This analysis is supported by other research showing that women are more likely to draw upon social support in times of stress, maintain close relationships with female friends, and engage in social groups more often than men (Belle, 1987). The tend-and-befriend theory is an interesting reformulation of responses to threat. However, on a note of caution, more research needs to be completed to explore larger applications of this model. For instance, Taylor and her colleagues (2000) state that the model may also apply to some aspects of men's behavior, but this research has yet to be conducted.

Therapists have known for a long time that social support can be helpful, but RCT helps us understand that it is the *quality* of the connection that makes social support beneficial. Social support that fosters mutual empathy, mutual empowerment, and authentic connection can strengthen a client's ability to respond effectively to difficult and devastating situations.

### The Case of Jennifer and Julie: Strengthening Resilience Through Relationships

Sisters Jennifer and Julie were recently placed in a pre-adoptive home after many months in foster care. Two years before, they were removed from their birth home because of the abuse and neglect they experienced at the hands of drug-addicted parents whose parental rights were eventually terminated. With the help of therapy, Jennifer and Julie had made great strides to deal with the trauma they had experienced in their biological home and they were looking forward to being adopted into a permanent home that was recently identified for them. To facilitate this process, Jennifer, Julie, and their pre-adoptive parents were referred to an adoption support program offered at a community mental health agency where I became their therapist.

From the start, I noted that Julie and Jennifer were very different from each other. Eight-year-old Jennifer was described by previous social workers as a bright,

attractive, affable, attentive child with a pleasant temperament, a positive self-esteem, and few obvious signs of her history of trauma and neglect. She excelled at school and had many friends. On the other hand, 11-year-old Julie was considered the "troubled child" with a difficult, emotionally liable temperament and borderline intellectual abilities. She was highly distractible, impulsive, and hyperactive with a chronically disheveled appearance (e.g., torn or dirty clothes, uncombed, unkempt hair, and poor personal hygiene.) She had few friends and did poorly in school. Using an individual strength perspective, one would say that Jennifer had the most resilience for adapting to an adoptive home while Julie faced daunting obstacles. These disparate sisters were placed in the home of "Janice" and "Jim," two mature, first-time parents who hoped to offer the girls a permanent home.

Clinicians who work in field know that the majority of adoptions of older children fail, so I felt I had realistic concerns about the success of this adoption. In the week before the family came to see me, the parents had become highly exasperated by Julie's behavior. They were concerned that they would "never be able to manage all of her problems and antics." They confessed that they would be tempted to adopt Jennifer without Julie, but recognized that this would be a crushing blow to the girls. Fortunately, these parents were very eager and open to working with me and continued to hope that they could find a way to provide these girls with a loving home.

My goal working with these parents was to help them foster the relational development of their new family, utilizing the principles and practices of RCT. This meant working with the family to build their relational strengths and skills to be resilient throughout the process of forming a new family unit. This process began with encouraging the parents to take a relational-contextual view of Jennifer and Julie's behavior rather than an individualistic view. In other words, encouraging the parents to examine Jennifer and Julie's behavior in the context of their relational history and experience.

For example, a relational perspective eventually allowed the parents to consider the possibility that Julie may have developed her difficult behaviors to ensure her survival in response to living in a severely abusive and neglectful birth home. This relational analysis and awareness of Julie's experience and difficult behaviors permitted the parents to overcome their temptation to target Julie for excessive criticism for being internally deficient or damaged, and

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inspired the parents to find loving, creative, and effective ways to help Julie manage her behavior. Greater relational awareness also helped the parents notice and avoid negatively comparing Julie's intellectual abilities with her younger sister's. Instead, they became proactive in their efforts to get Julie the special resources and support to be more successful in school. The parents also found ways to help Julie develop a circle of friends beyond her relationship with her sister.

Interestingly, as the parents gained greater confidence in their ability to be responsive to Julie's challenging behavior, Julie gained greater confidence in herself and in her new family. These are symptoms of the relational resilience growing among the family members. In particular, there were many changes in Julie's behavior. Most notably Julie's hyperactive, distractible, impulsive behavior began to recede significantly at home and at school. In addition, Julie's increased sense of worth, derived from the love of her new parents went hand-in-hand with her attentiveness to maintaining her personal appearance and hygiene. Julie's transformation was so pronounced that her former therapist did not recognize Julie as the same client she worked with two years earlier.

As Julie's behaviors began to change, it became clear to me and the parents that Jennifer's "ideal" behavior was largely part of her special strategy of survival (Stiver, 1992), adopted in response to her history of living in an abusive environment. Once again, a relational analysis helped us see that Jennifer took on the role of the "responsible child" in order to take care of her difficult sister. She was a parentified child, a role that came at the price of being authentic, carefree, spontaneous, and playful. Eventually, Jennifer began to see that her adoptive parents were able to take care of Julie and constructively respond to her behavior. Based on this, Jennifer gained confidence in her relationship with her adoptive parents, trusting that they could be responsible and loving parents. This allowed Jennifer to relinquish much of her adult-like behavior and become the lively, spontaneous, sometimes mischievous child you would expect.

In this situation, all members of this family developed greater resilience through relationships. The sisters became more resilient through their relationships with the parents, which allowed both Julie and Jennifer to relinquish old strategies of survival. The parents became more resilient through their relationship with the therapist and others who supported their efforts to create a loving family. The parents' successful efforts to strengthen their new

family's development and resilience were obvious to all who knew this family. Eventually, Janice and Jim were honored with a special award from a statewide organization for being models of outstanding parenting.

### **Relational Ways to Strengthen Resilience**

This paper proposes that resilience is strengthened through relationships, specifically, mutually empathic, mutually empowering, growth-fostering relationships. This view is supported by a review of the research examining individual characteristics commonly associated with resilience and describing the relational aspects of these characteristics. Taking a relational view moves the concept of resilience beyond the intrinsic toughness model, in which resilience is available to a few inherently lucky individuals, to understanding that greater resilience is available to us all through relationships. This opens the way to new sources of hope and courage as we individually and collectively face unpredictable threats while living in a risky world.

The practice of effective therapy is often about strengthening a client's ability to be resilient through relationship. In particular, a relational therapist is attuned to the connections and disconnections within the therapeutic process and in the client's life that promote or impede the client's ability to overcome adversities. Working together, the client and therapist can develop a "tool kit" of relational ways to enhance and strengthen the resilience of the client as well as the resilience of the therapeutic relationship. The following is a beginning list of relational ways a therapist may to enhance the resilience of her or his clients:

1. Explore the client's access to relationships that support his/her ability to be resilient, particularly relationships that are responsive to his/her unique individual characteristics (e.g., temperament, intelligence, etc.).
2. Help clients identify, establish, and expand relationships that contribute to their ability to be resilient, relationships characterized by mutual empathy, mutual empowerment, and responsiveness (i.e., growth-fostering relationships).
3. Encourage clients to identify and seek relationships that stimulate and support their intellectual development as well as contribute to their learning opportunities (e.g., mentors,

teachers, supervisors, etc.).

4. Help clients to enhance their sense of worth through engagement in meaningful relationships (e.g., with family, friends, community groups, etc.) rather than through competitive achievements or personal comparisons.
5. Show clients that they have an impact on the therapy relationship as well as on other relationships, which will strengthen their ability to take positive action on behalf of themselves, others, and their relationships. (Miller, 2002). Encourage clients to find opportunities to enhance their sense of competence and verbally convince them of their competence by providing praise, guidance, and / or constructive feedback (Masten, 1999).
6. Use moments of conflict in therapy to show the client that disagreements can be opportunities to enhance relational authenticity and strengthen confidence in connection, thus increasing the client's relational resilience in therapy and in other relationships.
7. Explore the client's opportunities to create more connections through peer groups, community groups, mutual-help groups, or formal or informal mutual support groups.
8. Examine ways the client can make meaningful contributions to others through community action, community service, social action, mentoring, teaching, etc.

These suggestions can be summarized as finding more and more ways to expand our clients' experiences of growth-fostering relationships, relationships characterized by mutual empathy, mutual empowerment, mutuality, zest, clarity, increasing sense of worth, and a desire for more connection (Miller & Stiver, 1997). But, these are not only good recommendations for clients in therapy, these are good recommendations for all of us. In this risky world, all of us can benefit from proactively identifying relationships that promote our resilience, our intellectual development, our sense of worth, our sense of competence, our sense of empowerment, and, most importantly, our sense of connection. Because *strengthening resilience is all about relationships.*

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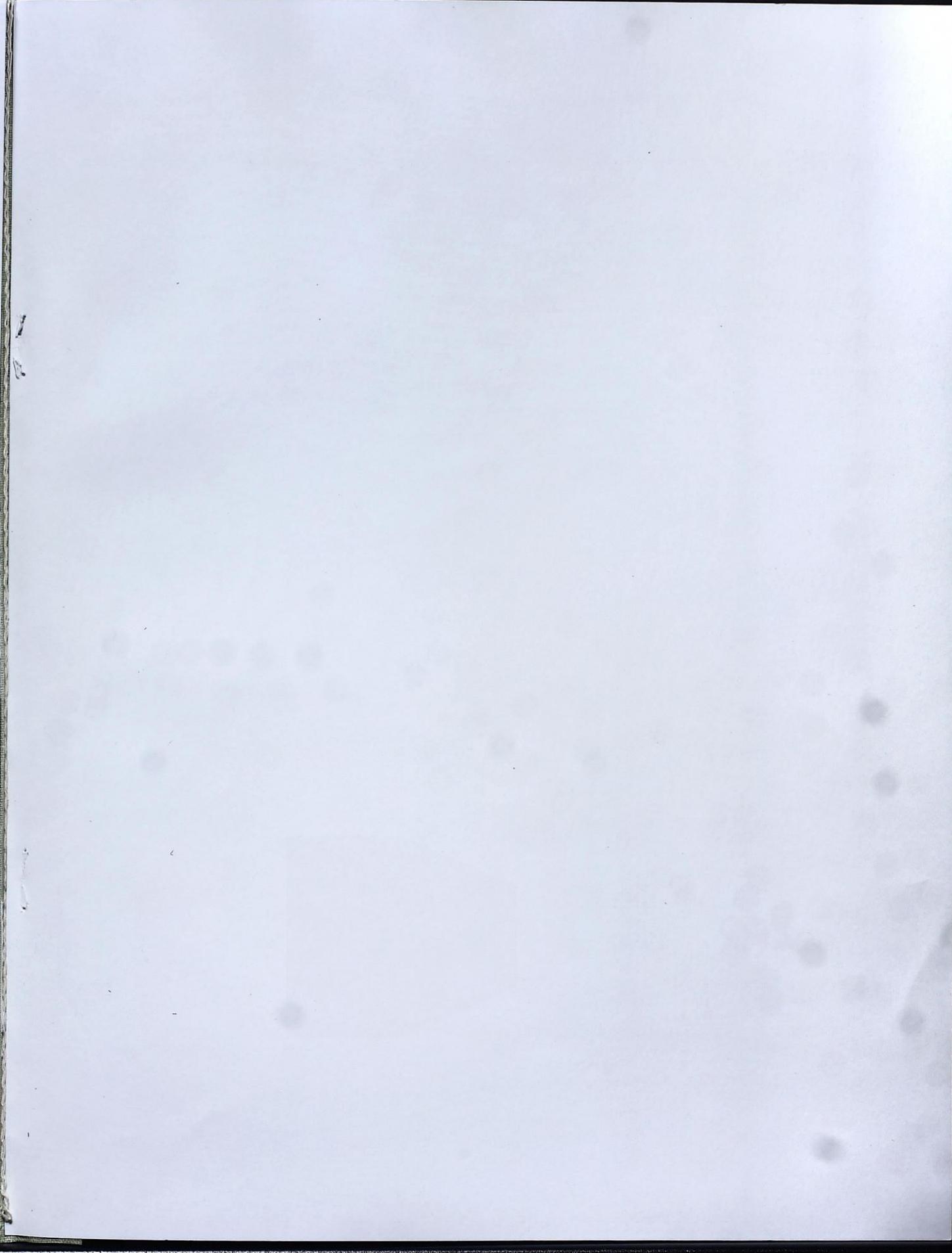
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